



## PART B - FEE(S) TRANSMITTAL

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7590 03/22/2006

**SUGHRU MION, PLLC**  
2100 Pennsylvania Avenue, NW  
Washington, DC 20037-3213

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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/614,824	07/09/2003	Baltes Gass	Q76374	8136

**TITLE OF INVENTION: MACHINING SYSTEM AND TOOL UNIT FOR THE MACHINING OF WORKPIECES**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HONG, JOHN C	3726	029-714000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **SUGHRU MION, PLLC**

2. \_\_\_\_\_  
3. \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**ALFING MONTAGETECHNIK GMBH**

**Aalen, GERMANY**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached. \_\_\_\_\_ overpayment, to \_\_\_\_\_ of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Robert V. Sloan*

Typed or printed name

06/20/2006 10614824 00000023 10614824

Date: 01 FC:1501 1400.00 OP  
02 FC:1504 22,775 300.00 OP  
Registration No. \_\_\_\_\_

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